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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 012575 (7)
1. Corporation Name
COLLIER COUNTY PUBLISHING COMPANY



Principal Place of Business: 312 WALNUT ST. 28TH FL P.O. BOX 5380 CINCINNATI OH 45201 US

Mailing Address: 312 WALNUT ST. 28TH FLOOR P.O. BOX 5380 CINCINNATI OH 45201-5380 US

2. Principal Place of Business (21) Suite Apt. # etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 08/06/1923

3a. Date of Last Report: 05/01/1996

4. FEI Number: 59-0578327 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	CASTELLINI, DANIEL J.	
STREET ADDRESS	7057 WOODSEGE DR.	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WYANT, CORBIN A.	
STREET ADDRESS	320 BOWLINE DR	
CITY- ST- ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURLEIGH, WILLIAM R.	
STREET ADDRESS	5925 ROPES DR	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUPRIONIS, M. DENISE	
STREET ADDRESS	214 REDBUD CT	
CITY- ST- ZIP	LOVELAND OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WOLFZORN, E. JOHN	
STREET ADDRESS	2255 HEATHER HILL BLVD.	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCRIPPS, CHARLES E.	
STREET ADDRESS	10 GRANDIN LANE	
CITY- ST- ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

DIRECTOR ONLY

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *D.J.C.* DATE: 4/28/97

CR2E034 (9/96)